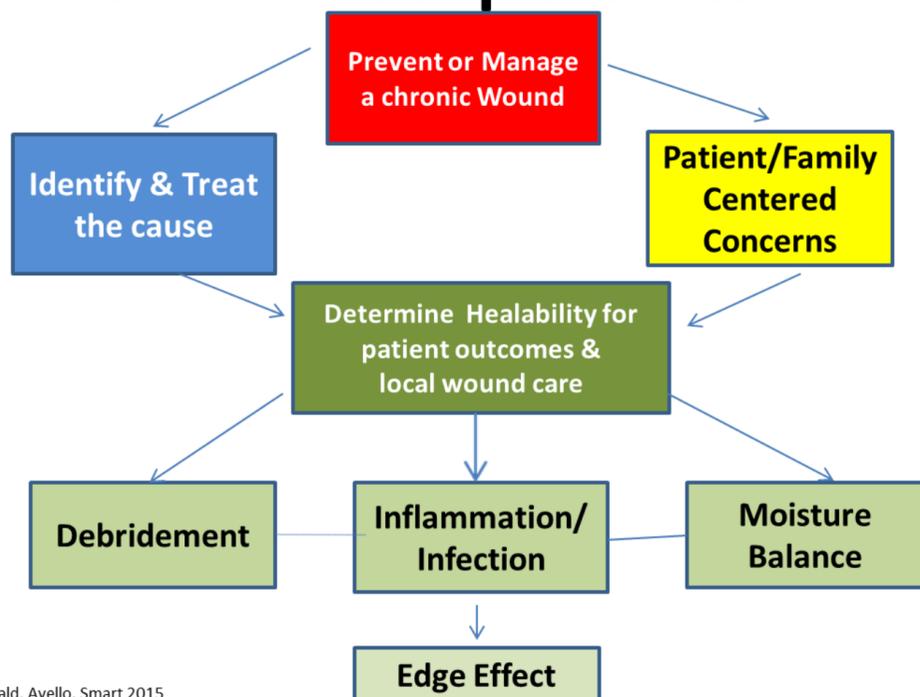


# The effectiveness of comprehensive interprofessional assessments on accurate wound diagnosis in patients on home care

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## Wound Bed Preparation 2015



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**Figure 1:** Wound Bed Preparation 2015, a holistic and evidence-informed approach to wound healing © Sibbald et al. 2015 (1)

### Background

Chronic wound care is complex. Team-based, interprofessional, evidence informed care is essential (1). This study assesses the impact of interprofessional wound care team to elucidate a more detailed and accurate diagnosis and determine healability.

### Methods

A retrospective review of 318 patients was undertaken. Patients were deemed complex and referred by Mississauga Halton Community Care Access Centre, an organization in Ontario Canada that oversees home care, to be treated by an interprofessional wound care team (IWCT) between February 2013 and September 2014. Analysis was done with STATA 13.1.

### Results

Mean patient age was 59 years (range 14-99, SD = 21). Males were 54% (n=172). Co-morbidities included: hypertension (50%), diabetes mellitus (38%), and peripheral vascular disease (31%). Median BMI was 27.9 (IQR 24.1-34.4). Enterostomal therapist recommendation was the most common reason for referral (59%) followed by need for wound diagnosis and healability classification (26%). A more accurate diagnosis was obtained by 179 patients (56%) at their first IWCT visit. Only 36% of patients had a healability assessment prior to IWCT visit. Leg ulcers were the most common wound type (40%), followed by diabetic foot ulcers (15%), pilonidal sinus (9%), pressure ulcers (8%) and hidradenitis suppurativa (n=4%). Post-surgical and other wound types made up 24%.

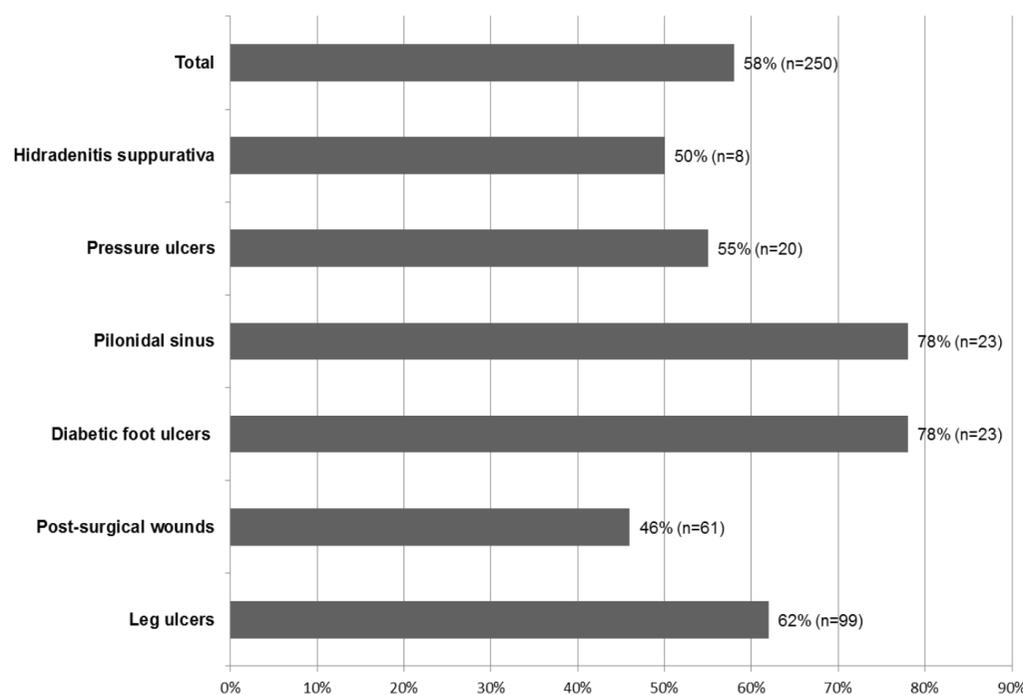
### Further Reading:

1. Sibbald RG, Elliott JA, Ayello EA, Somayaji R. Optimizing the Moisture Management Tightrope with Wound Bed Preparation 2015. *Adv Skin Wound Care*. 2015;28(10):466-476.

**263 patients (82.7%) had an enhanced diagnosis as a result of interprofessional assessment (p < 0.001)**

Wound Type	Intake		Post Comprehensive Interprofessional Assessment					
	Original Diagnosis		More Accurate Diagnosis		More Precise Diagnosis		Diagnosis unchanged	
	n	%	n	%	n	%	n	%
Leg Ulcer	123	38	93	75	18	15	12	10
Post-Surgical	24	8	5	21	14	58	5	21
Diabetic Foot	48	15	12	25	34	71	2	4
Pilonidal Sinus	28	9	1	4	4	14	23	82
Pressure Ulcer	23	7	10	44	7	30	6	26
Hidradenitis Suppurativa	12	4	6	50	2	14	4	33
Other Miscellaneous	50	16	32	64	15	30	3	6
Unknown	10	3	10	100	0	0	0	0
<b>Total</b>	<b>318</b>	<b>100</b>	<b>169</b>	<b>53</b>	<b>94</b>	<b>30</b>	<b>55</b>	<b>17</b>

**Table 1:** Wound Bed Preparation 2015, a holistic and evidence-informed approach to wound healing © Sibbald et al. 2015 (1)



**Figure 2:** Patients with wounds on a healing trajectory (at least 30% smaller wound surface area at week 4) or with a closed wound after at least two visits

### Conclusions

IWCTs improve the accuracy and precision of chronic wound diagnosis. Furthermore they provide coordinated, timely holistic care that is crucial to managing the growing burden of chronic wounds. Study results will be utilized to develop practice enablers for the management of chronic wounds.

### Patients with complex wounds in Ontario Canada home care settings:

- Have multiple co-morbidities
- Often lack an accurate and precise diagnosis
- Healability is often not determined prior to initiating treatment leading to suboptimal resource utilization

**Evidence informed team-based interprofessional assessments can improve community based wound care**